

# Medication Log

(Mannheim Confinement Facility)

## MEDICATION LOG

Armann, Kurtis

INMATE'S NAME

Broadwell

DOCTOR'S NAME

Compazine  
MEDICATION7/1/07  
DATE ISSUED15  
QTYMcGill  
VERIFIED BYTake 1-2 tabs  
every 4 hours  
as needed

DOSAGE

KA

INMATES INIT

DATE	TIME	DOSE	BALANCE	ISSUED BY	RECEIVED BY
9/1/07	1016	—	15	McGill	INVENTORY/
9/1/07	1200	-2	13	Knapp	INVENTORY/ KA
9/1/07	1400	/	13	Knapp	INVENTORY/
9/1/07	1600	-2	11	Knapp	INVENTORY/ KA
9/1/07	2000	-2	9	Knapp	INVENTORY/ KA
9/1/07	2200	/	9	MA	INVENTORY/
9/1/08	0600	/	9	Knapp	INVENTORY/
9/1/08	1400	/	9	Knapp	INVENTORY/
9/1/08	2100	-2	7	Knapp	INVENTORY/ KA
9/1/08	2200	/	7	Knapp	INVENTORY/
9/1/09	0500	/	7	Knapp	INVENTORY/
9/1/09	0600	/	7	Knapp	INVENTORY/
9/1/09	0601	2	5	Knapp	INVENTORY/ KA
9/1/09	1240	2	3	Knapp	INVENTORY/ KA
9/1/09	1400	1	3	Pliley	INVENTORY/
9/1/09	1600	-2	1	Pliley	INVENTORY/ KA
9/1/09	2200	1	1	Mayes	INVENTORY/ vvh
9/1/10	0601	1	1	Can	INVENTORY/
9/1/10	1730	1	1	NORTH	INVENTORY/
9/1/10	2200	1	1	Wheeler	INVENTORY/
9/1/11	0600	1	1	Talton	INVENTORY/
9/1/11	1730	1	0	Talton	INVENTORY/ KA

Compazine

at onset of pain

INMATES NAME

## MEDICATION

## DOSAGE

Cambridge

10172 98

10

DOCATORS NAME

DATE \_\_\_\_\_

ОТЪ

VERIFIED BY

INMATES INIT

64

## MEDICATION LOG

Armann

INMATE'S NAME

Compazine  
MEDICATION1 tab 4x a day of hand  
DOSAGE

DOCTOR'S NAME

DATE ISSUED

QTY

VERIFIED BY

INMATES INIT

DATE	TIME	DOSE	BALANCE	ISSUED BY	RECEIVED BY
981116	2100	-1	9	Pilley	INVENTORY/ KA
981116	2200	/	9	MA	INVENTORY/
981117	0600	/	1 tab	ESCARANTE	INVENTORY/
981117	1230	-1	8	Whk	INVENTORY/ KA
981117	2200	/	8	Fletcher	INVENTORY/
981118	0730	-1	7	CAF	INVENTORY/ KA
981118	0500	/	7	CAF	INVENTORY/
981118	1355	1	6	ESCARANTE	INVENTORY/ KA
981118	1425	/	6	Hoferer	INVENTORY/
981118	2345	INV	6	Sgt Davis	INVENTORY/
981119	0545	INV	6	SSG Ladden	INVENTORY/
981119	1317	1	5	SGT LADD	INVENTORY/ KA
981119	1521	/	1 tab	SGT LADD	INVENTORY/
981119	2200	/	5	Rivers	INVENTORY/
981120	0600	/	18 tab	SGT LADD	INVENTORY/
981120	1215	-1	4	SGT LADD	INVENTORY/ KA
981120	1730	-1	3	SGT LADD	INVENTORY/ KA
981120	2200	/	3	SGT LADD	INVENTORY/
981121	1800	1	2	Verniere	INVENTORY/ KA
981121	1800	/	2	Verniere	INVENTORY/
981122	0100	INV	2	SSG WEBB	INVENTORY/
981122	0605	/	02	PFC Moss	INVENTORY/
981122	1315	-1	01	Sgt Shultz	INVENTORY/



28

DOCTOR'S NAME

RECEIVED BY

OK 7





DOCATORS NAME	DATE	TIME	DOSE	BALANCE	ISSUED BY	RECVD BY
Kobylarz	04 Mar 99	40	Zinc	NA		
990304	1638	-	40	Zinc	INVENTORY	
990304	2220	-1	39	Pliley	INVENTORY/	KA
990304	0600	-1	38	JK	INVENTORY/	KA
990305	0930	-1	32	JK	INVENTORY/	KA
990305	1400	-1	38	JK	INVENTORY/	KA
990305	2206	INV	39	NORTH	INVENTORY	
990306	0600	INV	36	Stamps	INVENTORY	
990306	1410	-2	30	Stamps	INVENTORY/	KA
990306	1410	INV	36	Johnson	INVENTORY/	
990307	1800	-	36	STUMM	INVENTORY/	
990307	1900	-	36	IZL	INVENTORY/	
990307	2200	-	36	IZL	INVENTORY/	
990308	1215	-2	34	IZL	INVENTORY/	KA
990308	1400	-2	32	SGE	INVENTORY/	KA
990309	0600	-	32	SGE	INVENTORY/	KA
990309	1400	-2	30	mid	INVENTORY/	
990310	0600	-0	30	(A)	INVENTORY/	KA
990310	1400	-	30	Pliley	INVENTORY/	
990310	2200	-	30	(A)	INVENTORY/	
990311	0600	-	28	Johnson	INVENTORY/	KA
990311	1400	-	28	MOSCO	INVENTORY/	
990311	2200	-	28	IZL	INVENTORY/	KA
990312	1400	-2	24	IZL	INVENTORY/	KA
990312	1430	-2	22	IZL	INVENTORY/	KA
990312	2200	-	22	SSG Webb	INVENTORY/	
990313	0600	-2	20	SSG Webb	INVENTORY/	KA
990313	1422	-2	18	B.J.F	INVENTORY/	KA
990313	2208	INV	-18	NORTH	INVENTORY	
990314	0600	INV	18	Jackson	INVENTORY/	
990314	1400	-	18	Johnson	INVENTORY/	
990314	2222	INV	18	NORTH	INVENTORY/	
990315	0602	Inv	19	IZL	INVENTORY/	
990315	1215	-2	16	SSG Webb	INVENTORY/	KA
990315	1400	-	16	SGTC	INVENTORY/	
990316	0600	-	11	IZL	INVENTORY/	



Kobularz

990320

16

Linch

KA

DOCATORS NAME DATE TIME DOSE BALANCE QTY VERIFIED BY INMATES INIT RECVD BY

990316 1400 Inv 16 16/1/1/1 INVENTORY/

990316 1200 16 16 INVENTORY/

990317 0600 16 16 INVENTORY/

990318 0715 -2 14 DEC INVENTORY/

990319 1010 -2 12 DEC INVENTORY/

990319 0923 -2 10 DEC INVENTORY/

990319 1510 -2 8 DEC INVENTORY/

990319 1800 Inv 9 DEC INVENTORY/

990320 2230 -2 7 DEC INVENTORY/

990321 0600 7 INVENTORY/

990321 0600 990318 LTCDR Coruso's INVENTORY/

990321 1400 eval INVENTORY/

990322 0001 990319 Day of trial INVENTORY/

990322 0600 INVENTORY/

990322 1400 INVENTORY/

990322 2200 INVENTORY/

990323 0600 INVENTORY/

990323 1404 INVENTORY/

990323 2230 INVENTORY/

990323 0600 INVENTORY/

990324 1400 INVENTORY/

990324 2200 INVENTORY/

990325 0600 INVENTORY/

990325 0700 INVENTORY/

990325 1400 INVENTORY/

990325 2200 INVENTORY/

990326 0600 INVENTORY/

990326 2200 INVENTORY/

990327 0600 INVENTORY/

990327 1400 INVENTORY/

990327 2100 INVENTORY/

990327 2200 INVENTORY/

990328 0600 INVENTORY/

990328 1800 INVENTORY/

990329 0600 INVENTORY/

990329 1800 INVENTORY/

990330 0100 INVENTORY/

990330 0600 INVENTORY/

990330 1131 INVENTORY/

990330 1800 INVENTORY/

990331 0600 INVENTORY/

990331 1220 INVENTORY/

INVENTORY/

INVENTORY/

INVENTORY/

990318 LTCDR Coruso's eval

990319 Day of trial

How could he have assessed me if I was already on antipsychotics

Not only was I on one kind (Tablets)

I was on Two (see next page)



**MEDICATION**

DOSAGE up to 3 times a day

990320  
DATE

5  
QTY

Linda  
VERIFIED BY INMATES INIT

[illegible]

# Appendix I



# Sedative- Hypnotics Profile of the Substance

prevent aspiration. Keep records of occurrence, characteristics, and duration of seizures, so that accurate reports may be given to physician for providing assistance in stabilization and control of seizures. If patient has difficulty breathing or continues to experience subsequent

- Be aware of ten material
- Carry card stating condition being taken medical fact transported

Daily Range

200mg MAX



## SEDATIVE-HYPNOTICS

### Indications

#### Sedative-hypnotics

management of various anxiety states and to treat insomnia. Selected agents are used as anticonvulsants and preoperative sedatives (phenobarbital, pentobarbital, secobarbital) and to reduce anxiety associated with drug withdrawal (chloral hydrate).

### Action

Sedative-hypnotics cause generalized CNS depression. They may produce tolerance with chronic use and have the potential for psychological or physical dependence.

### Contraindications/Precautions

Sedative-hypnotics are contraindicated in individuals with hypersensitivity to the drug or to any drug within the chemical class.

Caution should be taken in administering these drugs to patients with hepatic dysfunction or severe renal impairment. Use with caution in patients who may be suicidal or who may have been addicted to drugs previously. Hypnotic use should be short term. Elderly patients may be more sensitive to CNS depressant effects, and dosage reduction may be required.

Chemical Group	Generic (Trade) Name	Daily Dosage Range
Barbiturates	amobarbital (Amytal)	30-200 mg
	aprobital (Alurate)	40-160 mg
	butabital (Butisol)	45-120 mg
	pentobarbital (Nembutal)	40-200 mg
	phenobarbital (Luminal)	30-320 mg
	<del>* secobarbital (Seconal)</del>	<del>90-200 mg</del>
	talbutal (Lotusate)	60-180 mg
Benzodiazepines	flurazepam (Dalmane)	15-30 mg
	temazepam (Restoril)	15-30 mg
	triazolam (Halcion)	0.25-0.5 mg
Neuroleptics	chloral hydrate (Noctec)	500-1000 mg
	ethchlorvynol	500-1000 mg

short term? I mean on Seconal for two (2) years prior to my continuing offenses

Central Nervous System Depression!

be group psychotherapy. Antianxiety agents are used in the treatment of anxiety disorders and to alleviate acute anxiety symptoms. The benzodiazepines are the most commonly used group. They are CNS depressants and have a potential for physical and psychological dependence. They should not be discontinued abruptly following long-term use as they can produce a life-threatening withdrawal syndrome. The most common side effects are drowsiness, confusion, and lethargy.

**Antidepressants** elevate mood and alleviate other symptoms associated with moderate-to-severe depression. These drugs work to increase the concentration of norepinephrine and serotonin in the body. The tricyclics and related drugs accomplish this by blocking the reuptake of these chemicals by the neurons. Another group of antidepressants inhibit MAO, an enzyme that is known to inactivate norepinephrine and serotonin. They are called MAO inhibitors. Some antidepressant medications take 1 to 4 weeks to produce the desired effect. The most common side effects are anticholinergic effects, sedation, and orthostatic hypotension. They also reduce the seizure threshold. MAO inhibitors can cause hypertensive crisis if products containing tyramine are consumed while taking these medications.

The **antimanic agent** of choice is lithium carbonate. It enhances the reuptake of norepinephrine and serotonin in the brain, thereby lowering the levels in the body, resulting in decreased hyperactivity. The most common side effects are dry mouth, GI upset, polyuria, and weight gain. There is a very narrow margin between the therapeutic and toxic levels of lithium. Serum levels must be drawn regularly to monitor for toxicity. Symptoms of lithium toxicity begin to appear at serum levels of approximately 1.5 mEq/L. If left untreated, lithium toxicity can be life threatening.

**Antipsychotic drugs** are used in the treatment of acute and chronic psychoses. Their action is un-

known but is thought to decrease the activity of dopamine in the brain. The phenothiazines are the most commonly used group. Their most common side effects include anticholinergic effects, sedation, weight gain, reduction in seizure threshold, photosensitivity, and extrapyramidal symptoms.

**Antiparkinsonian agents** are used to counteract the extrapyramidal symptoms associated with antipsychotic medications. Antiparkinsonian drugs work to restore the natural balance of acetylcholine and dopamine in the brain. The most common side effects of these drugs are the anticholinergic effects. They may also cause sedation and orthostatic hypotension.

**Anticonvulsant medications** are used in the management of a variety of seizure disorders. Commonly used groups include barbiturates, hydantoins, benzodiazepines, and carbamazepine, an iminostilbene derivative. Side effects include drowsiness, dizziness, unsteadiness, and decreased mental alertness. Blood dyscrasias and liver damage can also occur. These drugs should not be discontinued abruptly. To do so could result in status epilepticus.

**Sedative-hypnotics** are used in the management of anxiety states and to treat insomnia. They are CNS depressants and have the potential for physical and psychological dependence. They are indicated for short-term use only. Side effects and nursing implications are similar to those described for anti-anxiety medications.

## REVIEW QUESTIONS

### Self-Examination/Learning Exercise

Select the answer that is **most** appropriate for each of the following questions.

1. Antianxiety medications produce a calming effect by:
  - a. Depressing the CNS
  - b. Decreasing levels of norepinephrine and serotonin in the brain
  - c. Decreasing levels of dopamine in the brain
  - d. Inhibiting production of the enzyme MAO
2. Nancy has a new diagnosis of panic disorder. Dr. S. has written a prn order for alprazolam (Xanax) for when Nancy is feeling anxious. She says to the nurse, "Dr. S. prescribed BuSpar for my friend's anxiety. Why did he order something different for me?" The nurse's answer is based on which of the following?
  - a. BuSpar is not an antianxiety medication.



**Acute pancreatitis** usually occurs after a binge of excessive alcohol. Symptoms include constant, severe nausea and vomiting, and abdominal pain. The chronic condition leads to pancreatic insufficiency, resulting in steatorrhea, malabsorption, and diabetes mellitus.

**Hepatitis** This disease often follows a prolonged bout of drinking, and is usually found in an already damaged alcoholic (Forrest, 1985). It is characterized by inflammation and necrosis. Clinical manifestations include enlarged liver and right upper quadrant pain, vomiting, weakness, low energy, loss of appetite, elevated liver enzyme levels, and jaundice. Ascites and edema may be evident in more severe cases. Treatment, which includes strict abstinence from alcohol, proper nutrition, and rest, may lead to complete recovery. Fatality due to liver cirrhosis occurs in the majority of severe cases.

**Liver Cirrhosis** is the end stage of liver disease and is believed to be the direct toxic effect of alcohol on the liver (Forrest, 1985). There is widespread destruction of liver cells, which are replaced by fibrous tissue. Clinical manifestations are similar to those described for alcoholic hepatitis. In advanced stages, the liver may have shrunk and it cannot be felt (Bratter & Forrester, 1985). Treatment includes abstinence from alcohol, proper nutrition, and supportive care for complications of the disease. Complications of cirrhosis include:

**Portal hypertension.** Elevation of blood pressure in the portal circulation results in decreased blood flow through the liver.

**Ascites.** In this condition, in which an excessive amount of fluid accumulates in the abdominal cavity, occurs in response to portal hypertension. The increased pressure results in leakage of fluid from the surface of the liver into the abdominal cavity.

**Esophageal varices.** Veins in the esophagus become distended due to excessive pressure from defective blood flow through the liver. As this pressure increases,

these varicosities can rupture, resulting in hemorrhage and sometimes death.

4. **Hepatic encephalopathy.** This serious complication occurs in response to the inability of the diseased liver to convert ammonia to urea for excretion. The continued rise in serum ammonia results in progressively impaired mental functioning, apathy, euphoria or depression, sleep disturbance, increasing confusion, and progression to coma and eventual death. Treatment requires complete abstinence from alcohol, temporary elimination of protein from the diet, and reduction of intestinal ammonia using neomycin or lactulose (Bratter & Forrester, 1985).

**Leukopenia** The production, function, and movement of the white blood cells is impaired in chronic alcoholics. This places the individual at high risk for contracting infectious diseases as well as

Depresses  
CNS



The sedative-hypnotic compounds are drugs of diverse chemical structures that are all capable of inducing varying degrees of CNS depression, from tranquilizing relief of anxiety to anesthesia, coma, and even death. They are generally categorized as (1) barbiturates, (2) nonbarbiturate hypnotics, and (3) anxiolytic agents. Effects produced by these substances depend on the size of the dose and the potency of the drug administered.

Following is a selected list of drugs included in these categories. Generic names are followed in parentheses by the trade names. Common street names for each category are also included.



*Barbiturates*

pentobarbital (Nembutal):	yellow jackets: yellow
<del>secobarbital (Seconal):</del>	<del>birds</del>
amobarbital (Amytal):	red birds: red devils
secobarbital, amobarbital (Tuinal):	blue birds: blue angels tooles

*Nonbarbiturate Hypnotics*

methaqualone (Quaalude):	ludes, sopers, love drug
ethchlorvynol (Placidyl):	dyis
glutethimide (Doriden):	gorilla pills, GB's, Cibas, D
chloral hydrate (Noctec):	Peter, Mickey
triazolam (Halcion):	sleepers
flurazepam (Dalmane):	sleepers
temazepam (Restoril):	sleepers

*Anxiolytic Agents*

diazepam (Valium):	V's (color designates strength)
chlordiazepoxide (Librium):	green & whites, roaches
meprobamate (Equanil):	
Miltown):	dolls
oxazepam (Serax)	
alprazolam (Xanax)	
lorazepam (Ativan)	

Julien (1981) outlines several principles that apply fairly uniformly to all CNS depressants.

1. The effects of CNS depressants are additive with one another and with the behavioral state of the user. For example, when these drugs are used in combination with each other, or in combination with alcohol, the depressive effects are compounded. These intense depressive effects are often unpredictable and can even be fatal. Similarly, a person who is mentally depressed or physically fatigued may have an exaggerated response to a dose of the drug that would only slightly affect a person in a normal or excited state.
2. There is no specific antagonist that will specifically block the action of the CNS depressants. CNS stimulants may temporarily arouse the individual, but what is needed is a drug that actually displaces the depressant from its receptors in the brain, thus immediately terminating the action of the depressant. This would save thousands of lives each year of

people who attempt suicide with CNS depressants.

3. Low doses of CNS depressants produce initial excitatory response. CNS depressants relieve inhibitions and induce a feeling of euphoria. This is believed to occur because, at low doses, inhibitory synapses in the brain are depressed slightly earlier than are excitatory synapses. At higher doses, however, excitatory synapses are also depressed, and sleep follows.
4. CNS depressants are capable of producing physiological dependency. If large doses of CNS depressants are repeatedly administered over a prolonged duration, a period of hyperexcitability occurs on withdrawal of the drug. The response can be quite severe, even leading to convulsions and death.
5. CNS depressants are capable of producing psychological dependence. CNS depressants have the potential to generate within the individual a psychic drive for periodic or continuous administration of the drug to achieve a maximum level of functioning or feeling of well-being.
6. Cross tolerance and cross dependence may exist between various CNS depressants. Cross tolerance is exhibited when one drug results in a lessened response to another.

Please pay close attention to this paragraph: drugs used in combination of each other, effects compounded.

Intense depressive effects unpredictable even fatal

... because they did not like the taste or for moral reasons. (Also some people tended to take more than was prescribed.) So search for a better sedative drug continued. Although barbituric acid was first synthesized in

1864, it was not until 1903 that the first barbiturate derivative (barbital) was introduced into medicine as a sedative drug (Julien, 1981). The second barbiturate to be introduced was phenobarbital (Luminal) in 1912. Since that time, more than 2500 barbiturate derivatives have been synthesized, but of these only about 15 remain in medical use (Drug Enforcement Administration [DEA], 1979). Illicit use of the drugs for recreational purposes grew throughout the 1930s and 1940s.

Efforts to create depressant medications that were not barbiturate derivatives accelerated. By the mid-1950s, the market for depressants had been expanded by the appearance of the nonbarbiturates glutethimide, ethchlorvynol, methyprylon, and meprobamate. Introduction of the benzodiazepines occurred around 1960 with the marketing of chlordiazepoxide (Librium), followed shortly by the derivative diazepam (Valium). The use of these drugs, and others within their group, has grown so rapidly that they have become some of the most widely prescribed medications in clinical use today. Their margin of safety is greater than that of other depressants (DEA, 1979). However, prolonged use of excessive doses is likely to result in physical and psychological dependence, with a characteristic syndrome of withdrawal that can be very severe (see Chapter 16 for detailed discussion of the withdrawal syndrome).

#### PATTERNS OF USE/ABUSE

Estimates place the number of users of prescription CNS depressants at between 20 and 25 million (Blum, 1984). Approximately 300 tons of barbiturates alone are consumed in the United States annually. Among frequent users, several significant variables have been observed in the pattern of CNS depressant usage. They include:

Frequency of sedative-hypnotic use increases with age and occurs most often among persons aged 60 and older. The use of anti-anxiety agents is greater among those between 30 and 60.

Women are almost twice as likely to use tranquilizers as men. However, men report use of alcohol more often than women.

**Social status.** Persons who are separated or divorced report frequent use more often than married or never-married persons.

**Race.** Whites are more likely to use barbiturates than nonwhites.

**Socioeconomic status.** Persons from the middle socioeconomic classes are most likely to use barbiturates.

**Education.** Persons with higher levels of education are more likely to be regular users of barbiturates than those with less education (Chambers et al, 1972).

Physicians, especially general practitioners, remain the major source of CNS depressants for all age groups; however, the numbers of illicit sources continue to grow (Blum, 1984). Approximately 500,000 of the millions of users of CNS depressants can be considered abusers, that is, their use is non-specific, excessive in amount or duration of time, serves to obscure real causes while treating symptoms, or is not beneficial (Blum, 1984).

The *DSM-III-R* (APA, 1987) reports on two patterns of development of dependence and abuse. The first pattern is one of an individual whose physician originally prescribed the CNS depressant as treatment for anxiety or insomnia. Independently, the individual has increased the dosage or frequency from that which was prescribed. Use of the medication is justified on the basis of treating symptoms, but as tolerance grows, more and more of the medication is required to produce the desired effect. Substance-seeking behavior is evident as the individual seeks prescriptions from several physicians to maintain sufficient supplies.

The second pattern, which the *DSM-III-R* reports is more frequent than the first, involves young people in their teens or early 20s who, in the company of their peers, use substances that were obtained from illegal sources. The initial objective is to achieve a feeling of euphoria. The drug is generally used intermittently during recreational gatherings. This pattern of intermittent use leads to regular use and extreme levels of tolerance. Combining use with other substances is not uncommon. Physical and psychological dependence leads to intense substance-seeking behaviors, most often through illegal channels.

#### EFFECTS ON THE BODY

The sedative-hypnotic compounds induce a general depressant effect. That is, they depress the activity of the brain, the nerves, the muscles, and the

(Significant  
mind-alter-  
ing substance)



heart tissue. They reduce the rate of metabolism in a variety of tissues throughout the body, and in general, they depress any system that uses energy (Julien, 1981). Large doses are required to produce these effects. In lower doses, these drugs appear to be more selective in their depressant action. Specifically, in lower doses, these drugs appear to exert their action on the centers within the brain that are concerned with arousal, for example, the ascending reticular activating system, in the reticular formation, and the diffuse thalamic projection system.

As stated previously, the sedative-hypnotics are capable of producing all levels of CNS depression from mild sedation to death. The level is determined by dosage and potency of the drug used. In Figure 17.1, a continuum of the CNS depressant effects is presented to demonstrate how increasing doses of sedative-hypnotic drugs affect behavioral depression.

The primary action of sedative-hypnotics is on nervous tissue. However, large doses may have an effect on other organ systems. Following is a discussion of the physiological effects of large doses of barbiturates (Harvey, 1975).

*aphasia*

The Effects on Sleep and Dreaming With the barbiturates, the amount of sleep time spent in dreaming is decreased. Some investigators believe that this decrease (or absence) of rapid-eye movement sleep with loss of dreaming may be harmful and may even be capable of precipitating psychotic episodes in some individuals (Julien, 1981). Ray (1972) has stated, "When an individual who has been using barbiturates regularly as a sleeping pill suddenly stops using them, he (or she) may overdream or even have nightmares."

Respiratory Depression In large doses, barbiturates depress the respiratory centers in the medulla portion of the brainstem. Death can occur from barbiturate-induced respiratory depression.

Cardiovascular Effects Hypotension may be a problem with large doses. Only a slight decrease in blood pressure is noted with normal oral dosage.

Renal Function In doses high enough to produce anesthesia, barbiturates may suppress urine function. At the usual sedative-hypnotic dosage, however, there is no evidence that they have any direct action on the kidneys.

Hepatic Effects The barbiturates may produce jaundice with doses large enough to produce acute

intoxication. Preexisting liver disease may predispose an individual to additional liver damage with excessive barbiturate use.

Body Temperature High doses of barbiturates can greatly decrease body temperature. It is not significantly altered with normal dosage levels.

Sexual Functioning Like alcohol, these other CNS depressants have a tendency to produce a phasic response. There is an initial increase in libido, supposedly from the primary disinhibitory effects of the drug. This initial response is then followed by a decrease in the ability to maintain erection.

## CNS Stimulant Abuse and Dependence

### PROBLEMS OF THE SUBSTANCE

The CNS stimulants are identified by the behavioral stimulation and psychomotor agitation that they induce. They differ widely in their molecular structures and in their mechanisms of action. The degree of CNS stimulation caused by a certain drug depends on both the area in the brain or spinal cord that is affected by the drug and the cellular mechanism.

*Sleep/lack of psychosis!*

Categories. Generic names are followed in parentheses by the trade names. Common street names for each category are also included.

## PSYCHOMOTOR STIMULANTS

### Amphetamines

amphetamine sulfate  
(Benedrine);

bennies, spash, peach

Sedative-  
Hypnotics the  
Appellant was  
Prescribed



## 752 { Phenegan with Codeine



Do not drink alcohol while taking Phenegan with Codeine.

## Special Cautions



If pregnant or planning to have a child, tell your doctor immediately about all the medicines you are taking. May appear in nursing infant.



No special precautions apply.



Follow doctor's instructions carefully. May cause drowsiness. Use with extreme caution if taking other medications you are also cause drowsiness.



May cause drowsiness and drive a car, or operate machinery. Use with extreme caution if taking other medications you are also cause drowsiness.

Should not use if sensitive to barbiturates or allergic to this or similar medications such as Thorazine, Mellaril, Seroquel, or Prolixin.

May cause or worsen constipation.

Use with caution if you have: a head injury, heart disease, high blood pressure or circulatory problems, liver or kidney problems, narrow-angle glaucoma, peptic ulcer or other abdominal obstructions, urinary bladder obstruction due to enlarged prostate, seizures, underactive thyroid, intestinal inflammation, Addison's disease, or recent stomach or intestinal or urinary tract surgery.

Monitor use in very young, very elderly, or people in a weakened condition.

*I was not on phenobarbital  
I was on secobarbital, the  
side effects are the same  
the only difference is  
the length of time they  
remain active  
secobarbital 6 to 8 hours  
phenobarbital 10 to 16 hours*

## Phenobarbital { 753

Phenegan with Codeine may prompt seizures in people who already experience them.

and sugar.

doctor of any uncontrolled movements or experience unusual sensitivity to sunlight.

**ine Tartrate  
pheniramine  
1 Phenyl-  
ine  
de**

Brand names: Barbita, Solofon

Phenobarbital is a barbiturate and anticonvulsant. It acts as a depressant to the central nervous system.

## QUICK FACTS

## Purpose



Used to promote sleep and to treat certain types of epilepsy, including generalized or grand mal and partial seizures.

## Dosage



Take exactly as prescribed. If taking for seizures, do not suddenly stop taking medication. Adhere to dosage levels prescribed by doctor; never increase dose on your own. May become physically or psychologically dependent with continued use.



## 754 ~ Phenobarbital



Usual adult dose: for sedation—a single dose of 30 to 120 milligrams, not to exceed 400 milligrams during

*Once again symptoms of my condition are the same as listed side effects*

Sid  
X(C)

low body temperature, fluid in lungs, involuntary eyeball movements, irregular heartbeat, kidney failure, lack of muscle coordination, low blood pressure, poor reflexes, skin reddening or bloody blisters, slowdown of central nervous system. If you suspect an overdose, immediately seek medical attention.



Side effects: abnormal thinking; aggravation of existing emotional disturbances and phobias; agitation; anemia; angioedema (swelling of face around lips, tongue, and throat, swollen arms and legs, difficulty breathing); allergic reactions (localized swelling of the eyelids, cheeks, or lips, skin redness and inflammation); anxiety; confusion; constipation; decreased breathing; delirium; difficulty sleeping; dizziness; drowsiness; excitement; fainting; fever; hallucinations; headache; increased physical activity and muscle tension; instability and hyperactivity in children.

## Phenobarbital ~ 755

lack of muscle coordination; low blood pressure; muscle, nerve, or joint pain, especially in people with insomnia; nausea; nervousness; nightmares; psychiatric disturbances; rash; residual drowsiness; restlessness, excitement, and delirium when taken for pain; shallow breathing; sleepiness; slow heartbeat; slowdown of the nervous system; sluggishness; softening of bones; temporary cessation of breathing; vertigo; vomiting.

No I

## Interaction:

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with  
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## Special Ca

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Seni  
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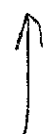
Follow doctor's instructions carefully for children. May cause excitement in children.

May cause drowsiness and impair your ability to drive a car or operate machinery. Do not take part in any activity that requires alertness.

Inform your doctor before taking phenobarbital if you have pain or are in constant pain.

Should not use if you have porphyria (metabolic disorder), liver disease, or lung disease that causes

*Delirium when taken for pain*





756

**Phenobarbital**

breathing problems, or if sensitive to or allergic to phenobarbital or other barbiturates.

If you have a history of depression or drug abuse, use with extreme caution.

Can cause depression or confusion in those with weakened conditions.

Use with caution if you have liver disease or adrenal gland problems.

**Phenobarbital with  
Hyoscyamine Sulfate,  
Atropine Sulfate, and  
Scopolamine  
Hydrobromide**

see DONNATAL

**Pentermine  
Hydrochloride**

see FASTIN

Phospholine Iodine

757

**Phenylephrine  
Hydrochloride with  
Phenylpropanolamine  
Hydrochloride,  
Chlorpheniramine Maleate,  
Hyoscyamine Sulfate,  
Atropine Sulfate, and  
Scopolamine  
Hydrobromide**

see RU-TUSS TABLETS

**Phenylephrine Tannate with  
Chlorpheniramine Tannate  
and Pyrilamine Tannate**

see RYNATAN

**Phenytoin Sodium**

see DILANTIN


**Phospholine Iodine**


Generic name: Echothiophate iodide


Phospholine Iodine is a miotic. It reduces fluid pressure in the eye by constricting the pupil and increasing the flow of fluid out of the eye.



406 **Fioricet**

 **65** May cause excitement, depression, and confusion in seniors; dosage is determined based on individual needs.

 Not generally prescribed for children under 12 years.

 Do not take if you have porphyria unless specifically instructed by your doctor.

May cause drowsiness and impair your ability to drive a car or operate machinery. Do not take part in any activity that requires alertness.

Inform your doctor before taking Fioricet if you are being treated for severe depression or have a history of severe depression or drug abuse.

Should not take if sensitive to or allergic to barbiturates, acetaminophen, caffeine, or medications similar to Fioricet.

## Fiorinal

**Generic ingredients:** Butalbital with aspirin and caffeine

**Other brand names:** Axotal, B-A-C, Butalbital Compound, Fiorgen PF, Isoilyl Improved, Lanorinal, Marnal

*Fiorinal is a non-narcotic analgesic combination. It reduces the activity of certain brain chemicals and relieves pain.*


### **Rx QUICK FACTS**


#### **Purpose**


**Rx** Used to treat tension headaches and migraines.


**Fiorinal** **407**

#### **Dosage**


 Take as soon as a headache begins. To avoid stomach irritation, take with a full glass of water or food. Do not take if medication has a strong vinegar odor. Do not increase dosage without consulting your doctor.


 Usual adult dose: 1 or 2 tablets or capsules every 4 hours; not to exceed 6 tablets or capsules per day.


 Usual child dose: not generally prescribed for children under 12 years.

 Missed dose: if taking on a regular schedule, take as soon as possible, unless almost time for next dose. In that case, do not take missed dose; go back to regular schedule. Do not double doses.


#### **Side Effects**

 Overdose symptoms: ~~due to barbiturate component of medication~~—coma, ~~confusion~~, drowsiness, low blood pressure, shock, slow or troubled breathing. Due to aspirin and caffeine components of medication—abdominal pain, deep and/or rapid breathing, ~~delirium~~, high fever, inability to fall or stay asleep, rapid or irregular heartbeat, restlessness, ringing in the ears, seizures, tremor, vomiting. If you suspect an overdose, immediately seek medical attention.

 More common side effects: ~~dizziness~~, ~~drowsiness~~.

 Less common or rare side effects: gas, light-headedness, nausea, rash, skin problems, vomiting.

#### **Interactions**

 Inform your doctor before combining Fiorinal with: acetazolamide (Diamox); ~~antidepressants such as Elavil~~, Norpramin, Nardil, and Parnate; beta-blockers such as Inderal and Tenormin; blood thinners such as Coumadin; ~~narcotic pain relievers such as Darvon and Percocet~~; oral contraceptives; dia-



408 **Fiorinal**

betes medications such as Micronase; sleep aids such as Halcion, Nembutal, and phenobarbital; steroid medications such as prednisone; theophylline (Theo-Dur); tranquilizers such as Librium, Valium, and Xanax; valproic acid (Depakene or Depakote).



Fiorinal intensifies the effects of alcohol; avoid alcohol use while taking this medication.

**Special Cautions**

If pregnant or planning to become pregnant, inform your doctor immediately. Butalbital and aspirin appear in breast milk; could affect a nursing infant.



No special precautions apply to seniors.



Not generally prescribed for children under 12 years.



Do not take if you have porphyria unless specifically instructed by your doctor.

~~May cause drowsiness and impair your ability to drive a car or operate machinery. Do not take part in any activity that requires alertness.~~

Do not administer to children or teenagers suffering from flu or chicken pox; may cause Reye's syndrome.

Tell your doctor if you have an ulcer or a disorder affecting the blood clotting process before taking Fiorinal.

~~May experience dependence if taken for prolonged periods of time.~~

Should not take if sensitive to or allergic to similar medications to butalbital, barbiturates, aspirin, or other sedatives or pain relievers.

**Fiorinal with Codeine** 409

Consult with your doctor if chronic tension headaches continue after taking this medication.

**Fiorinal with Codeine**

**Generic ingredients:** Butalbital with codeine phosphate, aspirin, and caffeine

Fiorinal with Codeine is a narcotic-analgesic combination. It reduces the activity of certain brain chemicals and relieves pain.

**QUICK FACTS****Purpose**

Used to treat tension headaches and migraines.

**Dosage**

Take exactly as prescribed. To avoid stomach irritation, take with a full glass of water or food. Do not take if medication has a strong vinegar odor. Do not increase dosage without consulting your doctor.



Usual adult dose: 1 or 2 capsules every 4 hours as needed, not to exceed 6 capsules per day.



Usual child dose: not generally prescribed for children under 12 years.



Missed dose: If taking on a regular schedule, take as soon as possible, unless almost time for next dose. In that case, do not take missed dose; go back to regular schedule. Do not double doses.

**Side Effects**

Overdose symptoms: due to barbiturate component of medication—coma, confusion, dizziness, drowsiness, low blood pressure, shock, slow or troubled breath-



404 { Finasteride

**Finasteride**

see PROSCAR


**Fioricet**

**Generic ingredients:** Butalbital with acetaminophen and caffeine


**Other brand names:** Amaphen, Anoquan, Bancap, Butace, Endolor, Esgic, Esgic Plus, Femcet, G-1, Medigesic, Phrenilin, Phrenilin Forte, Repan, Sedapap-10, Triaprin, Two-Dyne

Fioricet is a non-narcotic analgesic combination. It reduces the activity of certain brain chemicals and relieves pain.

**QUICK FACTS****Purpose**

 Used to treat tension headaches and migraines.

**Dosage**

 Take exactly as prescribed. May experience mental and physical dependence if medication taken in higher than prescribed doses over a prolonged period. Do not increase dosage without consulting your doctor.




Usual adult dose: Fioricet—1 or 2 tablets every 4 hours as needed, not to exceed 6 tablets per day. Esgic Plus—1 tablet every 4 hours as needed, not to exceed 6 tablets per day. Seniors—dosage determined based on individual needs.



Usual child dose: not generally prescribed for children under 12 years.

Fioricet { 405

 Missed dose: take as soon as possible, unless almost time for next dose. In that case, do not take missed dose; go back to regular schedule. Do not double doses.

**Side Effects**

Overdose symptoms: due to barbiturate component of medication—coma, confusion, drowsiness, low blood pressure, shock, slow or troubled breathing. Due to acetaminophen component of medication—kidney or liver damage induced by low blood sugar, or liver failure. Liver damage symptoms: excess perspiration, feeling of bodily discomfort, nausea, vomiting. If you suspect an overdose, immediately seek medical attention.



More common side effects: dizziness, drowsiness.



Less common or rare side effects: depression, gas, light-headedness, mental confusion, nausea, rash, skin peeling, vomiting.

**Interactions**

Inform your doctor before combining Fioricet with: antihistamines such as Benadryl; antidepressants such as Elavil; anxiolytics such as Haldol and Thorazine; muscle relaxants such as Flexeril; narcotic pain relievers such as Darvon; sleep aids such as Halcion; tranquilizers such as Xanax and Valium. May decrease the effects of blood thinners.




Fioricet intensifies the effects of alcohol; avoid alcohol use while taking this medication.


**Special Cautions**


If pregnant or planning to become pregnant, inform your doctor immediately. Appears in breast milk; could affect a nursing infant.



406 **Fioricet**

 May cause excitement, depression, and confusion in seniors; dosage is determined based on individual needs.

 Not generally prescribed for children under 12 years.

 Do not take if you have porphyria unless specifically instructed by your doctor.

~~May cause drowsiness and impair your ability to drive or operate machinery. Do not take for any activity that requires alertness.~~

Inform your doctor before taking Fioricet if you are being treated for severe depression or have a history of severe depression or drug abuse.

Should not take if sensitive to or allergic to barbiturates, acetaminophen, caffeine, or medications similar to Fioricet.

## Fiorinal


**Generic ingredients:** Butalbital with aspirin and caffeine

**Other brand names:** Axotal, B-A-C, Butalbital Compound, Fiorgen PF, Isollyl Improved, Lanorinal, Marnal

Fiorinal is a non-narcotic analgesic combination. It reduces the activity of certain brain chemicals and relieves pain.


### QUICK FACTS


#### **Purpose**


 Used to treat tension headaches and migraines.


**Fiorinal** 407

#### **Dosage**


 Take as soon as a headache begins. To avoid stomach irritation, take with a full glass of water or food. Do not take if medication has a strong vinegar odor. Do not increase dosage without consulting your doctor.


 Usual adult dose: 1 or 2 tablets or capsules every 4 hours, not to exceed 6 tablets or capsules per day.


 Usual child dose: not generally prescribed for children under 12 years.

 Missed dose: if taking on a regular schedule, take as soon as possible, unless almost time for next dose. In that case, do not take missed dose; go back to regular schedule. Do not double doses.


#### **Side Effects**

 Overdose symptoms: due to barbiturate component of medication—coma, confusion, drowsiness, low blood pressure, shock, slow or troubled breathing. Due to aspirin and caffeine components of medication—abdominal pain, deep and/or rapid breathing, delirium, high fever, inability to fall or stay asleep, rapid or irregular heartbeat, restlessness, ringing in the ears, seizures, tremor, vomiting. If you suspect an overdose, immediately seek medical attention.

 More common side effects: dizziness, drowsiness.

 Less common or rare side effects: gas, light-headedness, nausea, rash, skin problems, vomiting.

#### **Interactions**

 Inform your doctor before combining Fiorinal with: acetazolamide (Diamox); antidepressants such as Elavil, Norpramin, Nardil, and Parnate; beta-blockers such as Inderal and Tenormin; blood thinners such as Coumadin; narcotic pain relievers such as Darvon and Percocet; oral contraceptives; and dia-

# Medication Log

(Mannheim Confinement Facility)







## MEDICATION LOG

ARMANN

INMATE'S NAME

FIROCET

MEDICATION

DOSAGE

KEA  
INMATES INIT

DOCTOR'S NAME

DATE ISSUED

QTY

VERIFIED BY

INMATES INIT

DATE	TIME	DOSE	BALANCE	ISSUED BY	RECEIVED
981014	2200	/	12	[Signature]	INVENTORY/
981016	0600	/	13	[Signature]	INVENTORY/
981016	0605	1	14	Bonajour	INVENTORY/ [Signature]
981016	1342	1	15	[Signature]	INVENTORY/ [Signature]
981016	1400	/	15	Fletcher	INVENTORY/
981016	2205	/	15	Sgt [Signature]	INVENTORY/
981016	0600	/	15	SPC [Signature]	INVENTORY/
981017	1400	INV	15	SSG Webb	INVENTORY/
981017	1410	1	14	SSG Webb	INVENTORY/ [Signature]
981017	1730	1	13	SSG Webb	INVENTORY/ [Signature]
981017	2100	1	12	SSG Webb	INVENTORY/ [Signature]
981017	2200	/	12	JOHNSON	INVENTORY/
981018	0600	/	12	[Signature]	INVENTORY/
981018	1819	-1	11	[Signature]	INVENTORY/ [Signature]
981018	1630	-1	10	[Signature]	INVENTORY/ [Signature]
981018	1745	INV	10	FLECHER	INVENTORY/
981018	2034	-1	9	Reimer	INVENTORY/ [Signature]
981019	0600	/	9	[Signature]	INVENTORY/
981019	0745	-1	8	[Signature]	INVENTORY/ [Signature]
981019	1751	-1	7	[Signature]	INVENTORY/ [Signature]
981020	0747	/	7	[Signature]	INVENTORY/
981020	0747	/	7	[Signature]	INVENTORY/



PRISONER NARCOTIC ISSUE REGISTER

Armann, Kurtis E.  
PRISONER'S NAME

FIORICET (ER)  
MEDICATION

TAKE ONE TABLET AT ONSET OF Headache up to Four times a day as needed.

Broadwell, Scott  
DOCTOR

21 OCT 98  
DATE  
ISSUE

#30 (THIRTY)  
QTY ISSUED  
#20  
QTY ISSUED

PHARMACIST  
MEDIC

N/A  
PRISONER  
INITIALS

QTY ISSUED

CADRE

DATE	TIME	DOSE	BALANCE	ISSUED BY	RECEIVED BY
981021	1330	/	30	INV - Powell	
981022	0845	—	30	Burgers	INV
981022	1800	INV	30	Webb	INV
981023	0600	/	30	[Signature]	INV
981023	2100	-1	29	BARRY	KA
981023	2158	/	29	Leaves	Env
981024	0600	/	29	[Signature]	KA
981024	1427	/	29	Burgers	INV
981024	1527	1	28	Burgers	KA
981024	2009	-1	27	[Signature]	KA
981024	2200	/	27	Frank	INV
981025	0700	/	27	JOHNSON	INV
981025	0745	1	26	JOHNSON	KA
981025	1400	—	26	BH	INV
981025	2040	-1	25	BH	KA
981025	2200	/	25	[Signature]	INV
981025	0600	—	25	GARRA	INV
981026	0745	1	24	JOHNSON	KA
981026	1845	1	23	JOHNSON	KA
981026	1609	-1	22	TOBER	ENV
981026	2018	—	22	[Signature]	INV



## MEDICATION LOG

ARMANN

INMATE'S NAME

FIDRICET

MEDICATION

DOSAGE

DOCTOR'S NAME

DATE ISSUED

QTY

VERIFIED BY

INMATES INIT

DATE

TIME

DOSE

BALANCE

ISSUED BY

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9810301920-11266

INVENTORY/

KA9810302200/(12)S

INVENTORY/

9810310600/12Can

INVENTORY/

9810311400/12H

INVENTORY/

9810312100-111H

INVENTORY/

KA9810312200/111

INVENTORY/

9811010620/11Johnson

INVENTORY/

9811011400/10J

INVENTORY/

9811012100-110J

INVENTORY/

KA9811020300INV10SSG WEBB

INVENTORY/

981102054019SSG WEBB

INVENTORY/

KA9811020600/9SGT ROYER

INVENTORY/

981102080018ESCALANTE

INVENTORY/

KA9811022100-17CG

INVENTORY/

KA9811022200/7MA

INVENTORY/

9811030600/7Shu

INVENTORY/

9811031215-16Shu

INVENTORY/

KA9811031401/6Bl

INVENTORY/

9811032200/6Fletcher

INVENTORY/

4 NOV 980600/6WJ

INVENTORY/

4 NOV 981230-15WJ

INVENTORY/

KA9811040600-14BERRY

INVENTORY/

KA

Cont

## MEDICATION LOG

ARMAN

INMATE'S NAME

Fioricet

MEDICATION

DOSAGE

DOCTOR'S NAME

DATE ISSUED

QTY

VERIFIED BY

INMATES INIT

DATE

TIME

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981106

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## MEDICATION LOG

INMATES NAME

MEDICATION

DOSAGE

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09/01/07

10

KA

DATE

QTY

VERIFIED BY INMATES INIT

DOCATORS NAME

DATE

TIME

DOSE

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09/01/07 0800 0

10

INVENTORY/

09/01/07 0805 -2

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INVENTORY/

KA

09/01/07 1205 INV

8

SSG WEBB

INVENTORY/

09/01/07 1215 -2

6

SSG WEBB

INVENTORY/

KA

09/01/07 1300 -

4

SCH 1/1/07

INVENTORY/

09/01/07 1729 -2

2

W2X11

INVENTORY/

KA

09/01/07 2100 2

2

W2X11

INVENTORY/

KA

09/01/07 2200 2

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BTH

INVENTORY/

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CONT

## DOSAGE

LA

INMATES INIT

[illegible]

Armann Kurtis  
INMATES NAME

MEDICATION LOG  
Fioriset  
MEDICATION

KEY for 2 every 4 hours as needed  
DOSAGE

E Kobylarz  
DOCATORS NAME

99JUL06

#40

PFC Del Rosa

X KA.

DATE

QTY

VERIFIED BY

INMATES INIT

DATE	TIME	DOSE	BALANCE	ISSUED BY	RECVD BY
99JUL06	1255	INV	40	Del Rosa	INVENTORY/
99JUL06	1317	INV	40	Shafar	INVENTORY/
990706	1530	0	40	Shafar	INVENTORY/
990706	1605	2	38	Shafar	INVENTORY/ KA.
990706	2200	-	38	Ramsay	INVENTORY/
990707	0600	-	38	Foster	INVENTORY/
990707	0900	-2	36	Foster	INVENTORY/ KA.
990707	1400	INV	36	NORTH	INVENTORY/
990707	2200	/	36	88	INVENTORY/
990707	2557	/	36	SGT Pili	INVENTORY/
990708	1400	-	36	SGT Pili	INVENTORY/
990708	2200	/	36	Shafar	INVENTORY/
990709	0604	/	36	W2 XOB	INVENTORY/
990709	1400	/	36	SGT Pili	INVENTORY/
990709	1730	2	34	SGT Pili	INVENTORY/ KA.
990709	2100	2	32	SGT Pili	INVENTORY/ KA.
990709	2155	/	32	DA	INVENTORY/
990710	0731	NA	32	BJF	INVENTORY/
990710	1216	2	30	BJF	INVENTORY/ KA.
990710	1400	/	30	Burke	INVENTORY/
990710	2100	-2	28	Cunder	INVENTORY/ KA.
990710	2200	/	28	del	INVENTORY/
990711	0600	/	28	Zinda	INVENTORY/
990711	1400	/	28	SGT	INVENTORY/
990711	2200	/	28	Reynolds	INVENTORY/
990712	0600	/	28	Foster	INVENTORY/
990712	1205	-2	26	Foster	INVENTORY/ KA.
990712	1400	-	26	RD	INVENTORY/
990712	2200	-	26	Ramsay	INVENTORY/
990713	0600	/	26	Shafar	INVENTORY/
990713	1400	/	26	GG	INVENTORY/
990713	1745	2	24	Burke	INVENTORY/ KA.
990713	2200	/	24	Daw	INVENTORY/
990714	0600	/	24	Moses	INVENTORY/
990714	1400	/	24	DSP	INVENTORY/
990714	2200	/	24	LA	INVENTORY/
990715	0600	/	24	14	INVENTORY/
990715	0745	-2	22	BERRY	INVENTORY/ KA.
990715	1500	/	22	2	INVENTORY/
990715	2200	/	22	Reynolds	INVENTORY/
990716	0620	/	22	W2 XOB	INVENTORY/
990716	1400	/	22	VENICKO	INVENTORY/
990716	1435	-2	20	VENICKO	INVENTORY/ KA.
990716	2100	-2	18	VENICKO	INVENTORY/ KA.
990716	2130	-	18	Labate	INVENTORY/



1 or 2 every 4 hours

NOTIFICATION  
F 101274  
MEDICATION

ARMAN, KURT S

Cont.

[illegible]

## MEDICATION LOG

ARMANN, KURTIS

INMATE'S NAME

Fiorinal

MEDICATION

ONE TAB by mouth  
Every six hours  
AS ORDERED  
DOSAGE

DOCTOR'S NAME

DATE ISSUED

22  
QTYSGT NORTH  
VERIFIED BY

INMATES INIT

DATE	TIME	DOSE	BALANCE	ISSUED BY	RECEIVED
981109	1955	-1	21	NORTH	INVENTORY/ KA
981110	0200	INV	21	SSG WEBB	INVENTORY/
981110	0600	INV	21	JOHNSON	INVENTORY/
981110	0750	-1	20	M. 1709	INVENTORY/ KA
981110	1420	/	20	BORRERO	INVENTORY/
981110	1740	-1	19	Richt	INVENTORY/ KA
981110	2200	/	(19)	S	INVENTORY/
981111	0600	/	19	Bled	INVENTORY/
981111	1000	-1	18	Shup	INVENTORY/ KA
981111	1400	/	18	BARRY	INVENTORY/
981111	1730	-1	17	GG	INVENTORY/ KA
981111	2200	/	17	MA	INVENTORY/
981112	0110	/	17	Shup	INVENTORY/
981112	01230	1	16	ESCALANTE	INVENTORY/ KA
981111	1400	/	16	BA	INVENTORY/
981112	2200	/	(16)	S	INVENTORY/
981113	0600	/	16	WAC	INVENTORY/
981113	1400	/	16	J	INVENTORY/
981114	0100	INV	16	SSG WEBB	INVENTORY/
981114	0600	/	16	Borwein	INVENTORY/
981114	0756	-1	15	Hed	INVENTORY/ KA
981114	1400	/	14	Hed	INVENTORY/ KA

Fiorinal

## MEDICATION LOG

ARMANN, KURTIS  
INMATE'S NAME

FIORINAL  
MEDICATION

ONE TAB BY  
MOUTH EVERY  
6HRS AS NEEDED

DOSAGE  
CONTINUED  
INMATES INIT

DOCTOR'S NAME	DATE ISSUED	QTY	VERIFIED BY	RECEIVED BY
DATE	TIME	DOSE	BALANCE	ISSUED BY
981118	2345	INV	05	SGT DAVIS
981119	0545	INV	05	SSG Caldwell
981119	1316	1	04	SGT FLAD
981119	1515	/	04	SPC Stephens
981119	2200	/	09	Reeves
981120	0000	/	04	White
981120	1215	-1	03	Stark
981120	1400	/	03	H
981120	1730	-1	0	H
981120	2200	/	02	S
981121	0600	/	2	Potter
981121	1800	INV	1	Verniebe
981121	1800	/	1	Verniebe
981122	0100	INV	1	SSG Webb
981122	0605	/	01	PFC Moses
981122	1315	-1	00	SGT Shadr
Terminated Due to expiration				INVENTORY/
				INVENTORY/
				INVENTORY/
				INVENTORY/
				INVENTORY/
				INVENTORY/



RSD

## PRISONER NARCOTIC ISSUE REGISTER

Armstrong, Kurbis E.  
PRISONER'S NAME

Fierinol tablets  
MEDICATION

Take 1 (one) tablet by mouth every six hours as  
DOSAGE needed for headache.

Broadwell, Scott  
DOCTOR

25 November 1998  
DATE  
ISSUE

30 (thirty)  
QTY ISSUED

30 (thirty)  
QTY ISSUED

30  
QTY ISSUED

[Signature]  
PHARMACIST

[Signature]  
MEDIC

[Signature]  
CADRE

S/A KA  
PRISONER  
INITIALS

DATE	TIME	DOSE	BALANCE	ISSUED BY	RECEIVED BY
981125	1330	1	29	[Signature]	KA
981125	1400	0	29	[Signature]	INV
981125	2100	1	28	[Signature]	KA
981125	2200	1	28	METIN	INV
981125	0745	1	27	[Signature]	KA
981125	1545	1	26	[Signature]	KA
981125		-1	25	[Signature]	KA
981125	2200	1	25	FLETCHER	INV
981127	0600	1	25	[Signature]	INV
981127	1245	-1	24	[Signature]	KA
981127	1400	1	24	[Signature]	INV
981127	1913	-1	23	[Signature]	KA
981127	2200	1	23	[Signature]	INV
981128	0550	1	23	[Signature]	INV
981128	1230	1	22	WATK	KA
981128	1231	1	22	WATK	INV
981128	1400	1	22	Burgess-Webb	INV
981128	1810	1	21	Burgess-Webb	KA
981129	0100	INV	21	SSG Webb	INVENTORY
981129	0550	1	21	SGT C	INV
981129	1400	1	21	SGT C	INV

FIORINAC

INMATES NAME

## DOSAGE

[illegible]

## MEDICATION LOG

ARMAN, K.

INMATE'S NAME

ASTORIN (Fiorinal)

MEDICATION

DOSAGE

DOCTOR'S NAME

DATE ISSUED

QTY

VERIFIED BY

INMATE'S

DATE	TIME	DOSE	BALANCE	ISSUED BY	RECEIVED
981216	2200	/	10	PL	INVENTORY/
981218	0550	-1	9	PL	INVENTORY/
981217	0610	-	9	-	INVENTORY/
981217	1303	1	8	Smy	INVENTORY/
981217	2042	-1	7	Smy	INVENTORY/
981218	0651	-1	6	Smy	INVENTORY/
981218	1019	-	6	McGill	INVENTORY/
981218	1226	-1	5	Moses	INVENTORY/
981218	1700	/	5	Bull	INVENTORY/
981218	1551	-1	4	-	INVENTORY/
981218	2100	-1	3	GA	INVENTORY/
981218	2200	-	3	-	INVENTORY/
981219	0600	/	3	B. Smith	INVENTORY/
981219	1400	/	3	BARRY	INVENTORY/
981219	1550	01	2	Kopane	INVENTORY/
981219	2030	-1	1	Kopane	INVENTORY/
981220	0100	INV	1	SSG WEBB	INVENTORY/
981220	0600	INV	1	MOSCA	INVENTORY/
981220	0730	1	0	MOSCA	INVENTORY/
					INVENTORY/
					INVENTORY/
					INVENTORY/
					INVENTORY/
					INVENTORY/



PRISONER NARCOTIC ISSUE REGISTER

Armann, Kurtis E. Fiorinal EQ Take two tablets by mouth every six hours  
PRISONER'S NAME MEDICATION DOSAGE as needed for headache.

Broadwell, Scott 21 Dec 98 #13 (Thirteen) Jan B N/A  
DOCTOR DATE QTY ISSUED PHARMACIST PRISONER  
ISSUE #13 MEDIC INITIALS  
QTY ISSUED CADRE

DATE	TIME	DOSE	BALANCE	ISSUED BY	RECEIVED BY
981221	1115	/	13	DL	INVENTORY
981221	1120	2	11	DL	KA.
981221	1830	2	09	SSG WEBB	KA.
981222	0100	INV	09	SSG WEBB	INVENTORY
981222	0630	—	(09)	McGill	Inventory
981222	1015	2	(07)	McGill	KA.
981222	1800	/	7	DL	INV
981222	2200	/	7	DL	INV
981223	0600	/	7	McGill	INV
981223	1400	-2	5	P.ley	KA.
981223	1800	/	5	Moses	Inventory
981223	1920	-2	3	Moses	KA.
981224	0600	/	3	Vermieck	INVENTORY
981224	1740	2	1	Vermieck	INVENTORY
981225	0600	/			INV
981225	0600	/			KA.

USATMC Coleman  
APO AE 09028 PH 382-6386  
KEEP OUT OF REACH OF CHILDREN

CAUTION: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

May CAUSE DROWSINESS  
ALCOHOL MAY INTENSIFY THIS EFFECT  
Use care when operating a car or dangerous machinery.

DOCATORS NAME	DATE	TIME	DOSE	BALANCE	ISSUED BY	RECVD BY
Kobularz	04 Mar 97			40	Libb	KA
990304	1638			40	INVENTORY	
990304	0200	-1		39	Pliley	INVENTORY/ KA
990304	0600			39	INVENTORY	
990305	0930	-1		38	INVENTORY	KA
990305	1400			38	INVENTORY	
990305	2200	INIV		38	NORTH	INVENTORY
990306	0000	INIV		38	INVENTORY	
990306	0810	-2		36	INVENTORY	KA
990306	1400			36	INVENTORY	
990306	2200	INIV		36	INVENTORY	
990307	0600			36	INVENTORY	
990307	1400			36	INVENTORY	
990307	2200			36	INVENTORY	
990308	0600			36	INVENTORY	
990308	1215	-2		34	INVENTORY	KA
990308	1400			34	INVENTORY	
990308	1610	-2		32	INVENTORY	KA
990309	0300			32	INVENTORY	
990309	0600			32	INVENTORY	
990309	1400	-2		30	INVENTORY	KA
990309	2200			30	INVENTORY	
990310	0600	-0		30	INVENTORY	
990310	1400			30	INVENTORY	
990310	2200			30	INVENTORY	
990311	0600			30	INVENTORY	
990311	1230	-2		28	INVENTORY	KA
990311	1400			28	INVENTORY	
990311	2200			28	INVENTORY	
990311	0500	-2		26	INVENTORY	KA
990311	0610	-2		24	INVENTORY	KA
990312	1400			22	INVENTORY	
990312	1430	2		20	INVENTORY	KA
990312	2200			20	INVENTORY	
990313	0600			20	INVENTORY	
990313	0800	-2		18	INVENTORY	KA
990313	1422	-2		16	INVENTORY	KA
990313	2200	INIV		16	INVENTORY	
990314	0600	INIV		16	INVENTORY	
990314	1400			16	INVENTORY	
990314	2222	INIV		16	INVENTORY	
990315	0602			16	INVENTORY	
990315	1215			16	INVENTORY	KA
990315	1400			16	INVENTORY	
990315	2200			16	INVENTORY	
990316	0600			16	INVENTORY	

Kobylarz

490320

16

Zimb

NA

DOCATORS NAME	DATE	TIME	DOSE	BALANCE	ISSUED BY	VERIFIED BY	INMATES INIT	RECVD BY
990318	1400	INV	16	16	JBN/NA	INVENTORY/		
990316	1200	---	16	16	GA	INVENTORY/		
990317	0600	---	16	16	GA	INVENTORY/		
990318	0715	-2	14	14	DEC	INVENTORY/	KA	
990318	1010	-2	12	12	DEC	INVENTORY/	KA	
990319	0523	-1	10	10	DEC	INVENTORY/	KA	
990319	1420	-2	8	8	DEC	INVENTORY/	KA	
990319	1800	INV	8	8	---	INVENTORY/		
990320	2230	---	---	---	---	INVENTORY/	KA	
990321	0600	---	---	---	---	INVENTORY/		
990321	0600	---	---	---	---	INVENTORY/	KA	
990321	1400	---	---	---	---	INVENTORY/		
990322	0001	---	---	---	---	INVENTORY/	KA	
990322	0600	---	---	---	---	INVENTORY/	KA	
990322	1800	---	---	---	---	INVENTORY/		
990322	2200	---	---	---	---	INVENTORY/		
990323	0600	---	---	---	---	INVENTORY/		
990323	1404	---	---	---	---	INVENTORY/		
990323	2230	---	---	---	---	INVENTORY/		
990323	0600	---	---	---	---	INVENTORY/		
990324	1400	---	---	---	---	INVENTORY/		
990324	2200	---	---	---	---	INVENTORY/		
990325	0600	---	---	---	---	INVENTORY/		
990325	0700	-1	(3)	(3)	---	INVENTORY/	KA	
990325	1400	---	(3)	(3)	---	INVENTORY/		
990325	2200	---	(3)	(3)	---	INVENTORY/		
990326	0600	---	(3)	(3)	---	INVENTORY/		
990326	2200	---	3	3	---	INVENTORY/		
990327	0600	---	3	3	---	INVENTORY/		
990327	1400	---	3	3	---	INVENTORY/		
990327	2100	1	2	2	---	INVENTORY/	KA	
990327	2200	---	2	2	---	INVENTORY/		
990328	0600	INV	2	2	---	INVENTORY/		
990328	1800	---	2	2	---	INVENTORY/		
990329	0600	---	(2)	(2)	---	INVENTORY/		
990329	1800	0	2	2	---	INVENTORY/		
990330	0100	0	2	2	---	INVENTORY/		
990330	0600	0	2	2	---	INVENTORY/		
990330	1131	1	1	1	---	INVENTORY/	KA	
990330	1800	---	1	1	---	INVENTORY/		
990331	0600	0	1	1	---	INVENTORY/		
990331	1220	-1	0	0	---	INVENTORY/	KA	
					---	INVENTORY/		
					---	INVENTORY/		
					---	INVENTORY/		

I was already on  
Secobarbital and Fiorocet  
(barbiturates) Now add  
Fiorocet also a barbiturate  
990318 4 tabs  
990319 4 tabs  
This would put me  
at 405 times the  
recommended dose!



ARMANN, KUKUS

FIORINAL

INMATES NAME

MEDICATION

DOSAGE

Dr. Broadwell

990514

40

SGT DAW

K.A.

DOCATORS NAME

DATE

QTY

VERIFIED BY

INMATES INIT

DATE	TIME	DOSE	BALANCE	ISSUED BY	RECVD BY
990514	1500	—	40	SGT DAW	INVENTORY/
990514	1545	-1	39	DAW	INVENTORY/ KA.
990514	1750	-1	38	DAW	INVENTORY/ KA.
990514	2130	-1	37	DAW	INVENTORY/ KA.
990514	2200	0	37	R.K.	INVENTORY/
990515	0600	0	37	DAW	INVENTORY/
990515	1210	-1	36	MILLES	INVENTORY/ KA.
990515	1700	—	36	L.L.	INVENTORY/
990515	1415	-1	35	DL	INVENTORY/ KA.
990515	1725	-1	34	DL	INVENTORY/ KA.
990515	2200	—	34	Foster	INVENTORY/
990516	1125	3	31	Vennere	INVENTORY/ KA.
990516	1310	—	31	DL	INVENTORY/
990516	2200	—	31	Foster	INVENTORY/
990517	0600	0	31	DL	INVENTORY/
990517	1250	3	28	DL	INVENTORY/ KA.
990517	1400	—	28	DL	INVENTORY/
990518	0130	—	28	DL	INVENTORY/
990518	0600	—	28	DL	INVENTORY/
990518	1400	INV	28	SSG Webb	INVENTORY/
990519	1410	-3	25	SSG Webb	INVENTORY/ KA.
990519	0700	—	25	DL	INVENTORY/
990519	0600	—	25	DL	INVENTORY/
990519	1400	—	25	DL	INVENTORY/
990519	0600	-3	22	DL	INVENTORY/ KA.
990519	0600	0	22	Knappe	INVENTORY/
990520	0600	—	22	Blum	INVENTORY/
990520	1730	-3	19	L.L.	INVENTORY/ KA.
990520	2200	—	19	L.L.	INVENTORY/
990521	0600	—	19	Foster	INVENTORY/
990521	1440	—	19	DL	INVENTORY/
990521	2100	—	16	Kalbo	INVENTORY/ KA.
990521	2200	—	16	DL	INVENTORY/
990522	0600	—	16	DL	INVENTORY/
990522	1245	-3	13	DL	INVENTORY/ KA.
990523	0200	INV	13	SSG Webb	INVENTORY/
990523	0600	INV	13	Po'stman	INVENTORY/
990523	1015	-3	10	Norix	INVENTORY/ KA.
990523	2230	—	10	DL	INVENTORY/
990524	0600	INV	10	Norix	INVENTORY/
990524	0915	-3	7	DL	INVENTORY/ KA.
990524	1400	INV	7	SSG Webb	INVENTORY/
990525	0600	—	7	DL	INVENTORY/
990525	0600	—	7	Vennere	INVENTORY/

AS NEGOT  
DOSAGE

[illegible]





USATMC Coleman  
APO AE 09028 PH 382-5386  
KEEP OUT OF REACH OF CHILDREN

## PRISONER NARCOTIC ISSUES

Armann, Kurtis  
PRISONER'S NAME

Florinal (EQ)  
MEDICATION

ARMANN, KURTIS EDWARD 9350  
TAKE 3 TABLETS BY MOUTH  
EVERY TWELVE HOURS AS  
NEEDED FOR MIGRAINE  
HEADACHE

led for migr

Broadwell, Scott  
DOCTOR

21 June 99  
DATE  
ISSUE

20 (Twenty)  
QTY ISSUED  
20  
QTY ISSUED  
20  
QTY ISSUED

ASPIRIN/CAFF/BUTALBITAL  
(FLORINAL EQ) #20  
REF LEFT 10 of 0 #20  
(21JUN99)

"CAUTION: Federal Law Prohibits the Transfer  
of this Drug to any person other than the  
Patient for whom it was prescribed."

DATE	TIME	DOSE	BALANCE	ISSUED BY	RECEIVED BY
990621	1437	/	20	H	INV
990621	1440	-3	17	H	KA
990621	1800	INV	17	SSG Webb	<del>KA</del>
990622	0300	INV	17	SSG Webb	
990622	0530	-3	14	SSG Webb	KA
990622	1900	/	14	Stg	INV
990623	0600	Inv	14	NORTH	Inv
990623	1425	-3	11	NORTH	KA
990623	1847	INV	11	SPG Melendez	<del>KA</del>
990624	0600	Inv	11	NORTH	INV
990624	1230	-3	8	STUMM	KA
990624	1820	INV	8	PAUL	INV
990625	1535	-3	5	Johnson	KA
990625	0600	/	5	JOHNSON	INV
990626	1300	INV	5	BT	INV
990626	1730	-3	2	BT	KA
990626	2200	-	2	Ramsey	INV
990627	0600	-	2	Wm	Inv
990627	1400	INV	2	NORTH	Inv
990627	1712	-2	0	Gledhill	KA